

## The saga of psycho-social well-being of family members of newly diagnosed COVID-19 patients in Belgium: A subjective report on their emotional journeys during the pandemic.

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### Mini-Report

While the COVID-19 pandemic has drastically hit our societies in terms of health, economy, tourism, culture, education, and so on, its emotional and psycho-social implications could be far more urgent with significant long-term consequences. On the one hand, while due to the power of our resilience and fighting spirit, we have adapted to the “*New Normal*” and continue to strive in many of our areas in parallel with the pandemic, yet, on the other hand, the continuous rise in global cases continues to make us feel emotionally drained and significantly irritated. This has created a strong urge insignificant number of people to escape from this whole COVID-19 scenario, due to its extensive and intense nature. Moreover, the sigh of relief and the light of hope which the new global vaccination program on one hand brings, but on the other hand, however, there is also a great deal of reluctance towards this whole vaccination that has been observed and documented globally among people. Adding on, the new “mutant” variants make the whole situation even more complicated and challenging, which is complementing the anxiety and stress level among people globally, belonging to all sectors, all the age groups, and all socio-cultural backgrounds.

The aim of this report is to focus on the psychological well-being, social anxiety, emotional issues, and quality of life among the family members of newly diagnosed COVID-19 patients in Belgium. This report is based on my work as a counselor and therapist and also as a *Covid-19 sensibility ambassador* for the city of Antwerp in Belgium. The following report is based on conversations with the newly diagnosed COVID-19 patients and their families (aged 19 to 83 years), which took place via online platforms, like Zoom, google meet and face time, and also within individual sessions, since 23 April 2020 till 20 March 2021. This report is also drawn from evaluating their case records and other demographics, with the purpose of explaining and highlighting the challenges and difficulties experienced by

caregivers of COVID-19 patients and more importantly to sensitize the health care providers, organizations, governments, and masses about the intensity and scope of COVID-19 diagnosis and its psychological implications on family members.

Immediately after the first lockdown was imposed in various cities across Belgium, a significant amount of panic, insecurity, confusion, and strong need of information about pandemics was observed and reported across the country. While on one hand, a great number of communities were busy stocking up on the sufficient number of toilet paper, disinfectant hand gels, masks, food and recreational material and so on, yet on the other hand best efforts were made by governments, organizations, health care practitioners, and volunteers to provide optimum care and treatment to the patients across health institutions in the country. Moreover, while the main focus of attention was to reduce the infection rate and its spread, little was done to explore and intervene into the psycho-social domain and explore and understand the challenges faced by the caregivers, loved ones, and the other family members of those effected by the virus. The increasing death toll and the escalation in cases was fueling up the anxieties among people and governments.

During this whole lock-down period, although a lot of internet-based based platforms have gained significantly and otherwise, yet the other part of the story explains heavy economic losses, coupled with instability and insecurity related to the future especially among the younger generation. This led to some significant and real implications on the family and social life of thousands of people across the country. Arguments between couples, projecting anger towards children, verbal and physical abuse towards children, spouse, and siblings domestic abuse (especially low middle-income countries), global increase in smoking and alcohol abuse, inactive lifestyle, significant

changes in Body Mass Index (BMI), body image issues delayed medical check-ups and follow-ups, and so on. A significant amount of guilt was also reported by many patients and caregivers. For example, one of the caregivers (wife of a COVID-19 patient), “*since our shop has been closed, there are frequent arguments between my husband and me, and sometimes he is very aggressive towards the kids as well, this has never happened in the 14-year history of our marriage. He feels strong guilt because he thinks that it is his fault that he got infected, so he feels responsible for all these problems in the family*”. These are the words of the wife of a 42-year COVID-19 patient, who runs a small business of clothing for children (which is shut down due to the current pandemic).

Fear of losing the loved one, fear of being contaminated by the infection, the guilt of not being with the patient during hospitalization, adjusting and adapting to the role changes after the hospitalization of the infected family member, apprehension of long-term effects of COVID-19 and its treatment on the patient, its prognosis, its cure rate, lack of proper disease information, etc. are the primary concerns of the family members during the initial stages of COVID pandemic, based on the conversations with them. These challenges continued for first months of the pandemic, which could still be observed among people, however, their intensity was far more severe during the initial stages of the first lockdown.

Holding on to hopes and simultaneously believing the rumors, a significant number of people assumed that approaching the summer will deescalate the rise of cases because “*virus is more active during cold and winter months*”, which could be technically true, because of poor ventilation during winters time could result in providing closed and boxed spaces for viruses to have favorable conditions to survive, grow, spread and effect people easily than in summer. This was also explained by many of my clients during the therapy sessions, with everyone’s own version of philosophy, explanation, and conviction in it. Perceiving the phenomenon through their lens gives an array of general concerns and sometimes basic information needs that people require during such health crisis events. However, for a therapist, the universal truth that humans have an innate tendency to hold on to positivity, faith, and hope, was once again proved by the fighting spirit and power to overcome such emergencies. But then the big moral question is what if this hope is a “*false hope*”? What if they are believing a “*lie or a rumor*”? What if this rumor and false hope are being spread at the same rate as that of the infection itself?

An interesting question that I asked myself during these months was that how many people including caregivers, family members, patients, health care practitioners policymakers and governments across the world must be facing these psycho-social challenges and how many of them are being reported and intervened by professionals

in mental health? A very interesting pattern in behavior is clearly observable, which I called “*The COVID Conditioning*”, a phenomenon where an individual subconsciously associates ever future actions and plans with the COVID. This has been observed and reported in many of my sessions, when it comes to planning something, for example, taking the kids for a walk, starting the renovations, looking for new opportunities of earning, visiting parents, celebrating anniversaries, going for routine physical checkups, booking travels, etc. Interestingly enough, this phenomenon was even reported by one of the caregivers in preparing a certain dish, “*I don’t think I will make CASSOULET for the next one year or so, because last time when I made it, my mother got the result of her COVID-19 test and it was positive*”. This COVID conditioning can have impacts and associations with many of our behaviors and actions, the interesting phenomenon shows that how certain events can have significant effects on our behaviors, attitudes and belief systems and how the interplay of these can bring dramatically outcomes in our lives.

Meanwhile, with the arrival of summer, gradually, shops began to open, travel was allowed in some of the EU countries, cafes and restaurants were open on the condition of following strict guidelines, schools, fitness centers etc. were all opening up gradually, and people started to gain back their confidence, physical social contacts, friend circles, they could shop, enjoy extended sales, invite family and friends for getting together and so on. Yet, at the same time, some of not so lucky ones were still getting diagnosed with COVID, people were still losing their loved ones, but certainly the numbers were far less. Color codes were created for different countries and areas, based on the intensity of infections. But this relief and sense of recreations was not for long, due to sudden and dramatic increase of COVID cases, the government decided to begin with a second lockdown in the country.

Though a great number of people felt anxious with the announcement of the second lockdown, yet a significant number of them also felt relieved, because according to them, “*the second lockdown is must, and it can save thousands of lives from infection*”. The behaviors and attitudes were significantly different among people, they were not panic like the first time, they had learned how to adapt, they had to a greater extend understood “*The Bubble theory*”, they had gained more trust and confidence in medical professionals, the arrival of vaccination was coming closer and so on, yet the primary concerns and psychological issues were still playing in the background.

Shifting back the focus towards the COVID patients and their caregivers, for example, one of the existing concerns was the recurrence of infection, residual fatigue, and occasional muscle and body aches, impact on appetite, an association of other symptoms with COVID, and so on. This phenomenon has implications on our

social and work life as well, for example, “*my colleagues do not come with me for their coffee breaks or to smoke, since my husband was diagnosed with COVID, he is completely healthy now, and it is two months already. Even if I cough or sneeze, I can see their judging behavior towards me, and it really affects my work and thinking*”. These are the words of a 36-year-old IT professional, whose husband was diagnosed with COVID-19 and was hospitalized for three weeks.

This switch between lockdowns and openings made people really frustrated; many of the yearly holidays were lost, due to the fact that travel was not anymore allowed. Meanwhile, the vaccination program was gaining its speed and people were being put on the priority list based on their age, health status, profession, and so on. On the one hand, while a great number of people were desperately expecting and wanted to get vaccinated as soon as possible, on the other hand, a significant number of them were still doubting its credibility, specifically in terms of its long-term health implication. Despite all the efforts by the government, and various other organizations, a

sudden peak in covid cases was seen by the month of March and April 2021, which they almost called the “*Third Wave*”, which was more infectious and therefore appropriate measures were taken.

Currently, we are all experiencing this health emergency together, and humankind has indeed learned that to a great extent our lifestyles, particularly health-related lifestyles have been altered for many years to come, even after the pandemic is long gone. We have also learned to act and adapt to these health-challenging demands in the future and to embody the confidence towards contributing to provide health information appropriately. Moreover, this has brought us to a significant realization and acceptance that irrespective of social and economic development, wealth, and technological advances, nations are not safe from such health emergencies in the future. On top of it, these challenges do not only pose a physical and economic threat, yet our mental well-being and quality of life are at a serious stake when such crises hit our roofs.

## References

1. Superior Health Council. Psychosocial care during the Covid-19 pandemic. Brussels: SHC; 2020. Report 9589.
2. Havermans T, Houben J, Vermeulen F, Boon M, Proesmans M, et al. (2020) The impact of the COVID-19 pandemic on the emotional well-being and home treatment of Belgian patients with cystic fibrosis, including transplanted patients and paediatric patients. *J Cyst Fibros*. 19(6): 880-887.
3. FPS Public Health (2020). Coronavirus Covid-19. Brussels: Federal Public Service Health, Food chain safety and Environment.
4. Sciensano (2020). Coronavirus. Brussels: Sciensano.
5. Flemish Agency for Care and Health (2020) Uitbraak coronavirus COVID-19. Brussels: Flemish Agency for Care and Health – Agentschap Zorg en Gezondheid.
6. AVIQ (2020). Coronavirus 2019. Charleroi : Agency for a Quality Life-Agence pour une vie de.
7. riscare (2020). COVID-19. Brussels: Iriscare.
8. Ostbelgienlive (2020) Coronavirus: Fragen und Antworten. Eupen: Ostbelgienlive
9. Bustos Sierra N, Bossuyt N, Braeye T, Leroy M, Moyersoen L, et al. (2020) All-cause mortality supports the COVID-19 mortality in Belgium and comparison with major fatal events of the last century. *Arch Public Health* 78: 117.
10. Hendrickx F, Taes S, Wouters M (2020) Covid-19 and labour law in Belgium. *European Labour Law Journal*. 11(3): 276-285.
11. Sciensano. COVID-19–WEKELIJKS EPIDEMIOLOGISCH BULLETIN VAN 26 JUNI 2020.
12. Federal Public Service (FPS) Health, Food Chain Safety and Environment. Coronavirus COVID-19.